

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000644

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53

Primary Registration District No. 0000

Registrar's No. 86

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 13 1963

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CAPE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WELCH TOWNSHIP		Length of stay in 1b 50 YRS.	c. CITY OR TOWN DELTA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. WEST OF DELTA, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 MILE WEST OF DELTA

3. NAME OF DECEASED (Type or print) First CORA Middle (NMN) Last SURFACE	4. DATE OF DEATH Month FEB. Day 6 Year 1963
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-19-1895	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 9 Days 17	IF UNDER 24 HR Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) PARAGOULD ARK.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME THOMAS BASS	13b. MOTHER'S MAIDEN NAME SARAH M^c CALLEY	14. NAME OF HUSBAND OR WIFE HOMER R. SURFACE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT HOMER R. SURFACE - DELTA, Mo.
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18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke.	INTERVAL BETWEEN ONSET AND DEATH 3 Min
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Circulatory Failure	3 Min
	DUE TO (c) Coronary Thrombosis	3 Min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe Arteriosclerotic Heart	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour --- a.m. --- p.m. ---	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1959 to 2-6-63 and last saw her alive on 1-63

Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. L. Muster MD	22b. ADDRESS Delta, Mo	22c. DATE SIGNED 2-8-63
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23a. BURIAL, CREMATION, or DATE REMOVAL (Specify) BURIAL	23b. NAME OF CEMETERY OR CREMATORY KYXION CEMETERY	23c. LOCATION (City, town, or county) (State) (NEAR) DELTA, MISSOURI
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24. FUNERAL DIRECTOR BISPLINGHOFF FUNERAL HOME - CHAFFEE, Missouri	25. DATE REC'D. BY LOCAL REG. 2-8-1963	26. REGISTRAR'S SIGNATURE J. L. Muster
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.